

MISSOURI

STATE BOARD OF NURSING **NEWSLETTER**

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February, March, April 2006

Message From the President

Authored by Teri A. Murray, PhD, RN **Board President**

The Registered Nurse and Nursing Faculty Shortage: A Pilot Project to Expand Capacity

A review of the literature reveals the present registered nurse shortage is now in its seventh year, and has lasted three times longer than all of the previous shortages since 1960i. In 2005, the national supply of full-time equivalent registered nurses approximated 2.01 million while the demand was estimated at 2.16 million, a shortage of seven percent. If trends continue, the existing seven percent shortage is



Murray

expected to manifest exponential growth, 20% in 2015 and 29% by 2020. Over the next two decades, it is projected that 44 states plus the District of Columbia will have a shortage of registered nurses with an anticipated need for nearly one million new and replacement nurses by 2020ii,iii.

Missouri is experiencing a 9.5% shortage of RNs. Amid the shortage, 70% of nursing schools within the state report an increase in the number of qualified applicants. Despite the state's shortage of nurses, nursing schools within the state are turning away qualified applicants. The primary constraint is the school's inability to recruit qualified faculty.

In response to the state's RN shortage, the Missouri Hospital Association facilitated a strategic partnership between the Kansas City and St. Louis region hospitals, nursing schools, and other civic leaders. The purpose of the partnership was to address the inability of the area's nursing schools to educate the number of nurses to meet current demand. The result was a three to five-year demonstration project which allowed hospital employed full time nurses to serve as part-time clinical faculty (loaned faculty) for the school. Ideally, all of the loaned faculty would be master's prepared nurses. The Missouri State Board of Nursing approved the initiative as a pilot project and allowed a temporary exemption to existing regulations which require master's prepared RNs to teach in baccalaureate nursing programs. A baccalaureate prepared nurse would be allowed to serve as loaned faculty in baccalaureate nursing programs if actively working toward a master's degree. The current Minimum Standard for faculty teaching in an associate degree or diploma program requires that faculty possess a minimum of a baccalaureate degree. This standard remained unchanged in the pilot project.

The nursing schools agreed to plan and implement a

Message From the President cont. to page 3

Don't miss your opportunity to tell us what you think! See insert located within this newsletter.

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The Honorable Matt Blunt

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Legislative Update

Authored by Lori Scheidt, **Executive Director**

The 2006 legislative session started on January 2, 2006

and goes through May 12, 2006. The Board of Nursing is pursuing three proposals this session. They are: Nurse Licensure Compact-Senate Bill 664 and

- House Bill 1150
- Patient Safety Initiatives
- Title protection and APRN legislation

Nurse Licensure Compact—A State Nursing License Recognized Nationally and Enforced Locally - Senate Bill 664 and House Bill 1150

Senator Jason Crowell (Republican-Counties of Bollinger, Cape Girardeau, Madison, Mississippi, Perry and Scott) filed the nurse licensure compact bill in the Senate. The senate bill number is Senate Bill 664. The

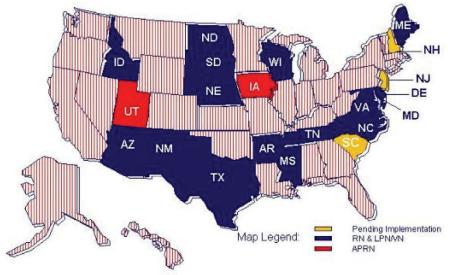
same bill was filed by Representative Lanie Black (Republican-Mississippi, New Madrid, Scott, Stoddard Counties) in the House of Representatives. The house bill number is House Bill 1150. The house bill is also cosponsored by 13 representatives; Billy Pat Wright (Republican—Cape Girardeau, Stoddard and Wayne Counties), Peter Myers (Republican-Cape Girardeau, New Madrid, Scott Counties), Bob May (Republican-Phelps County), Jeff Roorda (Democrat—Jefferson County), Sam Page (Democrat—St Louis County), Edward Wildberger (Democrat-Buchanan County), Therese Sander (Republican-Chariton, Macon and Randolph Counties), Cunningham (Democrat—St Louis County), Barney Joe Fisher (Republican—Bates and Vernon

Counties), Danielle Moore (Republican-Callaway County), Trent Skaggs (Democrat-Clay County), David Sater (Republican-Barry and Stone Counties), and Don Wells (Republican-Phelps, Pulaski, Shannon and Texas Counties).

The nurse licensure compact would allow a nurse's license to work like a driver's license. The nurse would be required to hold a license in his/her state of residence The compact would, therefore, allow mutual recognition of licensure in all states which have legislated the compact. Nurses will be required to declare their primary state of residence. Primary state of residence verification may include driver's license, federal income tax return or voter registration. State of residence was chosen because nurses practice in multiple states but have one primary residence.

States with Pending or Possible Legislation: Colorado, Florida, Georgia, Illinois, Indiana, Kentucky, Louisiana, Michigan, and Montana





Legislative Update cont. to page 3

Inside this issue
Making a Difference,
One Life at a Time6
Discipline Corner8
Licensure Corner
Investigations Corner
Practice Corner
Education Corner14

Disciplinary Actions

PAGE 2 • MISSOURI STATE BOARD OF NURSING

February, March, April 2006

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Department of Health & Senior Services (nurse aide verifications and general questions)573-526-5686Missouri State Association for Licensed Practical Nurses (MoSALPN)573-636-5659Missouri Nurses Association (MONA)573-636-4623Missouri League for Nursing (MLN)573-635-5355Missouri Hospital Association (MHA)573-893-3700

SCHEDULE OF BOARD MEETING DATES THROUGH 2007

March 1-3, 2006 March 7-9, 2007 June 7-9, 2006 June 6-8, 2007 September 6-8, 2006 September 12-14, 2007 December 6-8, 2006 December 5-7, 2007

Meeting locations may vary. For current information please view notices on our website at http://pr.mo.gov or call the board office.

If you are planning on attending any of the meetings listed above, notification of special needs should be forwarded to the Missouri State Board of Nursing, PO Box 656, Jefferson City, MO 65102 or by calling 573-751-0681 to ensure available accommodations. The text telephone for the hearing impaired is 800-735-2966.

Dates, times and locations are subject to change. Please contact the Board office for current information.

Note: Committee Meeting Notices are posted on our Web site at http://pr.mo.gov

NUMBER OF NURSES CURRENTLY LICENSED IN THE STATE OF MISSOURI As of January 31, 2006

Profession	Number
Licensed Practical Nurse	24,022
Registered Professional Nurse	78,677
Total	102,699

MISSOURI STATE BOARD OF NURSING • PAGE 3 •

Message from the President cont. from page 1

two-day intensive Clinical Faculty Academy (CFA) which would provide education on the art and science of teaching to the loaned faculty. The deans and directors in the Kansas City area originally developed the concept of the CFA and the concept and materials were shared with the deans and directors in the St. Louis area. The CFA would provide the loaned faculty with vital knowledge to function effectively as a clinical adjunct faculty. CFA topics include: Educational philosophy & curriculum development; legal issues related to clinical evaluation; the process of clinical evaluation; how to plan learning experiences which engage students in developing clinical expertise; how to balance multiple roles; how to conduct clinical pre/post conferences; how to deal with difficult students; how to integrate best practices of clinical teaching and learning into the clinical faculty role; and a description of a variety of written assignments often required of students during clinical experience. The CFA is taught by faculty from the nursing programs located in the respective metropolitan areas.

The pilot project incorporates various safeguards to ensure a quality educational experience for students by: (a) reducing the student to clinical faculty ratio; (b) providing 50% release time from the nurse's regular responsibilities for indirect administrative educational duties; (c) requiring the loaned faculty to attend the two-day intensive CFA workshop; (d) providing written documentation of the roles and responsibilities for the loaned faculty, hospitals, and nursing schools, and (e) evaluating the performance of loaned faculty and the students taught by them.

The anticipated outcomes are that schools would be able to increase enrollment thereby expanding educational capacity by 300 and 200 students in the St. Louis and Kansas City area respectively and an increased number of master's prepared nurses. Nursing schools will conduct formative and summative evaluation measures. The formative measures involve formal and informal meetings for ongoing assessment of the operational and implementation phases of the pilot project; summative evaluation measures will evaluate student achievement of the clinical objectives, performance of the loaned faculty, student evaluations of the loaned faculty, graduation rates, NCLEX-RN pass rates, and track the numbers of loaned faculty who complete the master's degree. It is anticipated the partnership will help resolve registered nurse and faculty shortage issues while increasing the number of registered nurses to provide care for Missouri citizens.

References

- i Norman, L., Buerhaus, P., Donelan, K. McCloskey, B. & Dittus, R. (2005). Journal of Professional Nursing, Nursing students assess nursing education, 21 (3), pp 150-158.
- ii Bureau of Labor Statistics, United States Department of Labor. (2004). Economic and employment projections. Retrieved on August 14, 2005 from http://www.bls.gov/news.release/
- iii U.S. Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Professions, National Center for Health Workforce Analysis (2002). Projected Supply, Demand, and Shortages of Registered Nurses: 2000-2020, retrieved on August 14, 2005 from http:// $\underline{www.bhpr.hrsa.gov/healthworkforce/reports/rnproject/report.htm}.$

Legislative Update cont. from page 1

Key Points to the Nurse Licensure Compact

- Institutions that deliver health care would benefit, in that their nursing workforce would be more mobile. A centralized database provides access for one-source verification of a nurse's qualifications for practice. This would prove beneficial in the event of a natural disaster where mobilization of health professionals would be critical to ensuring the health and safety of the public.
- In 2004 and 2005, Gulf States had to evacuate patients due to hurricanes. The Gulf States contacted nearby states to determine if their nurses could bring patients into states and care for those patients. Missouri was one of the states contacted for assistance. If Missouri had the compact; nurses could have brought patients into the state without delay and without the need for a temporary permit or license.
- Missouri is surrounded by eight states. Missouri has two large metropolitan areas, St. Louis and Kansas City, where it is clearly desirable to have a system of regional response in which health care personnel from an adjacent state can provide care in Missouri and viceversa. The compact would enable health care emergency response personnel to cross state lines.
- We can increase the access to care through the practice of nursing across state lines using telecommunications such as telephones, satellite, and computers by teaching, consulting, triaging, advising or providing direct services. A nurse in Iowa may be on a hotline providing advice to clients in Missouri. Nursing faculty from other states teach via satellite. Some nurses are practicing from offices to patient homes using cameras and computer technologies.
- We can promote safe practice through an expeditious discipline process, while ensuring protection of due process for all parties.
- We can decrease the current monetary and regulatory burden for the nurse. The nurse licensure compact removes some of the licensure-related obstacles to assuring accessible, quality, cost-effective health care to rural and under-served populations.
- The Missouri State Board of Nursing has already figured the fiscal impact on licensure renewal revenue projections through fiscal year 2009. We would not have to raise licensure fees to implement the compact. The positive economic impact is greatest for the nurses who would be able to carry only one license and practice in multiple states at no additional costs. There is an economic gain for employers who are able to move personnel, without concern for costs of licenses.
- The premise for the model is that current licensure requirements are essentially the same from state to state. It does not interfere with states defining scope of practice in their own unique ways; it ONLY defines the requirements to hold a license and it requires a nurse to

comply with the practice laws in the state(s) where they practice. If an individual does not meet the uniform licensure requirements, a SINGLE STATE LICENSE will be issued.

Supporters

- American Organization of Nurse Executives (AONE)
- American Association of Occupational Health Nurses, Inc (AAOHN)
- American Association of Poison Control Centers, Inc (AAPCC)
- Air & Surface Transport Nurses Association (ASTNA)
- Citizens Advocacy Center (CAC)
- Correctional Medical Services
- Missouri Association of Licensed Practical Nurses (MOSALPN)
- Missouri Correctional Nurses Association
- Missouri Hospital Association (MHA)
- Missouri League for Nursing (MLN)
- Missouri Organization of Nurse Executives (MONE)
- Arkansas Nurses Association
- Arizona Nurses Association
- Delaware Nurses Association
- Iowa Nurses Association

Legislative Update cont. to page 4

February, March, April 2006

Legislative Update cont. from page 3

- Maryland Nurses Association
- Nebraska Nurses Association
- North Carolina Nurses Association
- Texas Nurses Association
- Utah Nurses Association

Patient Safety Initiatives Bill

This proposal seeks to resolve issues the Board of Nursing has identified as barriers to patient safety: mandatory reporting rule, default hearings and expedited hearings.

Mandatory Reporting Rule

State statutes 383.130-133, RSMo, commonly referred to as the "Mandatory Reporting Rule," require only hospitals and ambulatory surgical centers to report to the appropriate licensing authority "final" disciplinary action against any health care professional or the voluntary resignation of any health care professional against whom any complaints or reports have been made which might have led to disciplinary action. The mandatory reporting rule (Section 383.130-133, RSMo) should be amended to clarify what needs to be reported to the respective Boards, to require that all healthcare providers must report, and to contain an enforcement provision for failure to report.

It is critical that state licensing boards have access to records of disciplinary proceedings against healthcare professionals to determine if the healthcare professional in question is likely to cause patient harm without board intervention. The purpose of sections 383.130-133 is to enhance the ability of professional licensing boards in performing prompt, efficient and thorough investigations of possible misconduct or impairment of licensed health care practitioners, aided by timely and meaningful reports from sources likely to have knowledge of such individuals' professional abilities and conduct.

In April 2004 Charles Cullen, (a nurse) pleaded guilty to 13 counts of murder and two counts of attempted murder. As part of the plea agreement, Charles Cullen will be sentenced to 13 life sentences and two 20-year sentences, which would allow him to avoid the death penalty. Cullen admitted killing as many as 40 patients with lethal drug injections. During his 16-year career, four hospitals and one nursing home fired him, another hospital suspended him, and another questioned him about a

patient's suspicious death. He was never reported to a licensing Board! Furthermore, Mr. Cullen kept getting new nursing jobs until Somerset Medical Center in Somerville, N.J., looked into questionable lab results involving patients under his care. Authorities arrested him in December and charged him with murder. Several of the facilities now face lawsuits from relatives of the murdered patients. If employers had been required to report the terminations, suspension and investigations to the Board of Nursing, he might not have continued his 16-year killing spree.

Default Hearings

The Board spends considerable time and expense trying to locate and serve a licensee whose license has been disciplined by the Board and has failed to keep the Board apprised of his or her current address. After notice and service of the original disciplinary action, if a licensee fails to adhere to the terms of discipline, the Board would like to conduct default hearings and impose such additional discipline as authorized by law.

The Board of Nursing received a complaint against a nurse on December 6, 2002. The investigation was completed on December 17, 2002. On February 6, 2003, the Administrative Hearing Commission found cause to discipline the nurse's license. The licensee moved to Florida and did not notify the Board of her new address. The Board has tried to serve the licensee notice of a disciplinary hearing at least 4 times and in multiple states. As of this writing, the Board has had no success in serving the licensee with notice of hearing. This nurse entered a guilty plea to Class C felony possession of a controlled substance, consisting of two dextropropoxyphene pills, under § 195.202. The court suspended the imposition of sentence in favor of two years' probation. This nurse continues to have a license to practice nursing because she cannot be served with notice of a hearing. If the Board had a mechanism to hold a default hearing, the hearing could be held after the board has attempted to notify the licensee of the hearing by certified and regular mail to her last known address.

Expedited Hearing

An expedited hearing process would allow the Board to take quick action to stop conduct and protect the public. If the board concludes that a nurse has committed an act or is engaging in a course of conduct which would be grounds for disciplinary action which constitutes a clear and present danger to the public health and safety, the board may file a complaint before the administrative hearing commission requesting an expedited hearing and specifying the activities which give rise to the danger and the nature of the proposed restriction or suspension of the nurse's license. An expedited hearing process would require that the Administrative Hearing Commission conduct a preliminary hearing within fifteen days after service of the complaint on the nurse. The hearing would be to determine whether the alleged activities of the nurse appear to constitute a clear and present danger to the public health and safety which justifies that the nurse's license be immediately restricted or suspended. The burden of proving that a nurse is a clear and present danger to the public health and safety would be upon the state board of nursing. The administrative hearing commission would be required to issue its decision immediately after the hearing and either grant to the board the authority to suspend or restrict the license or dismiss the action.

On June 13, 2001, a nurse administered morphine to a patient in dosages, which were not ordered by the patient's physician. She also administered propofol to the same patient on May 5, 2001 without an order from the patient's physician. The nurse was arrested for Murder 1st degree on November 5, 2001. Because the Board does not have injunction authority and does not have an expedited hearing process, this nurse was not required to stop practicing nursing until June 19, 2002.

Another example is the case of a May 1, 2002 incident where a nurse was assigned to provide care to a resident who was unconscious and unable to speak or eat on her own. The resident was placed on oxygen to assist her breathing. At some point during her shift, the nurse tightened the metal nose clamp on the resident's oxygen mask, "pushed" her chin upward, and held her mouth closed for approximately ten minutes in order to suffocate her. When the nurse believed that the resident was no longer breathing, she removed the oxygen mask and began to wipe the resident's face. While wiping the resident's face, the resident took another breath, so the nurse again "pushed" the resident's chin upward and held her mouth closed for another minute or two until the resident ceased breathing. As a result of the conduct, the nurse was arrested on May 21, 2002, and a complaint was filed in the Circuit Court of St. Louis County Missouri, on September 4, 2002, charging her with felony murder in the second degree. This nurse's license was not revoked until June 19, 2003.

A more recent case occurred in on August 2, 2005 when a nurse was providing in-home care. The patient was found deceased and the nurse was found unresponsive. The nurse tested positive for cocaine, methamphetamine, amphetamine, THC and marijuana. The nurse was arrested for murder in the

February, March, April 2006

Legislative Update cont. from page 4

second degree for deprivation of oxygen and lack of medical attention as a result of perpetration of the class C felony of possession of a controlled substance.

These are three cases where public protection would have been greater if the Board had a process for an expedited hearing.

APRN and Title Protection Bill

A frequent complaint we receive from current advanced practice registered nurses is the requirement to renew their RN license by April 30th of every odd-numbered year and renew their advanced practice registered nurse recognition prior to varied expiration dates throughout the year as dictated by national certification expiration dates. Advanced practice registered nurses would prefer to have one license with one expiration date thereby reducing the regulatory burden and the potential for a licensee to practice with a lapsed license.

This bill would require an APRN to have one license with one expiration date rather than one license and one recognition with two separate expiration dates, which will improve regulatory efficiency and eliminate confusion. The license will indicate the nurse is and can practice as a RN or APRN. We have heard that this is necessary because there may be situations where an individual holds a position at one facility as a RN and at another facility as an APRN. We also included language so a nurse could revert back to a regular RN license without additional fees. They could simply send a signed request asking that the APRN status be removed.

The bill would require national certification of all APRNs after December 31, 2006, thereby allowing currently recognized APRNs without national certification time to prepare and take an appropriate certification exam. After December 31, 2006, any new applicant would be required to meet the new education and certification requirements. The certification requirements will include a national certifying exam. Those that were recognized/licensed (even in another state) prior to December 31, 2006 will be grandfathered.

The new requirements go into affect December 31, 2006 and require that all APRNs have national certification and a graduate or post-graduate degree.

The new requirements would:

- Eliminate non-certified applicants after December 31, 2006. That would affect 4 Perinatal CNS and 5 Maternal-Child CNS. Currently these professions do not have a national certifying body.
- 2) Eliminate certified category applicants who cannot demonstrate having a graduate or post-graduate advanced practice registered nurse program. This is a national movement and is already required in most other states. Language includes a grandfather clause that exempts them if they are in a program prior September 1, 2006 and earned their certificate on or before January 1,2007 and apply prior to December 31, 2006.

Additionally, the bill would include a provision to issue a temporary APRN permit for those applying for an APRN license from another state so care is not detained while awaiting a permanent license.

The bill would also protect the title "nurse." Currently, only the titles of Registered Nurse (RN) and Licensed Practical Nurse (LPN) are protected. Physician offices and other non-regulated entities may hire unlicensed staff and title them as "nurse." This causes confusion to the public. The title "nurse" implies that the person is either a RN or LPN and that the person has the essential degree of competency necessary to perform a unique scope of nursing practice. This bill would protect the title "nurse."

If you want to see any of the draft language, feel free to send me an e-mail request to lori.scheidt@pr.mo.gov.

The following is a list of other bills that may be of interest to you. It is important for you to know that the Board does not take positions on legislative bills other than changes to the Nursing Practice Act that the Board has proposed in order to resolve issues perceived as barriers to public protection.

House Bill 973 – Prohibits the withdrawal of food and water from a patient

Filed by Representative Cynthia Davis (Republican—St Charles County)

If passed, this bill would prohibit the withholding or withdrawal of nutrition or hydration for a patient without a specific written power of attorney granting the authority.

House Bill 974—Midwifery

Filed by Representative Cynthia Davis (Republican—St Charles County)

If passed, this bill would:

- Recognize the right of a woman to give birth in the setting and with the caregiver of her choice.
- Require a midwife to provide a written disclosure statement to clients.
- Define a midwife as "any person who is certified by the

MISSOURI STATE BOARD OF NURSING • PAGE 5 •

North American Registry of Midwives (NARM) as a certified professional midwife (CPM) and provides for compensation those skills relevant to the care of women and infants in the antepartum, intrapartum, and postpartum period."

 Indicate that a midwife providing a service of midwifery shall not be deemed to be engaged in the practice of medicine, nursing, nurse-midwifery, or any other medical or healing practice.

House Bill 982—Expunge complaints if the Board does not pursue discipline.

Filed by Representative Tim Meadows (Democrat— Jefferson County)

If passed, this bill would:

- Require the Board of Nursing to expunge a complaint if the Board does not pursue disciplinary action.
- Expand the mandatory reporting rule to include nursing agencies and include reporting of termination of contracted services due to complaints or reports.
- Define final disciplinary action as not final until the licensee has exhausted all rights under any grievance and arbitration procedure.

House Bill 987—APRN Prescribing Bill

Filed by Representative David Sater (Republican—Barry and Stone Counties)

If passed, this bill would allow advanced practice nurses and physician assistants to prescribe schedule V controlled substances.

House Bill 988—Handicapped license plates and placards

Filed by Representative David Sater (Republican—Barry and Stone Counties)

If passed, this bill would allow a physician assistant or an advanced practice nurse to issue a physician's statement for handicap license plates and placards under the collaborative practice agreement.

House Bill 1000—Disabled license plate

Filed by Representative Wayne J. Henke (Democrat—Lincoln County)

If passed, this bill would add certified nurse practitioners to the list of health care providers authorized to issue a physician's statement for the purpose of obtaining a disabled license plate.

House Bill 1038—APRN Prescribing Bill

Filed by Representative Therese Sander (Republican—Chariton, Macon and Randolph Counties)

If passed, this bill would add advanced practice registered nurses to the list of persons who may prescribe, administer, and dispense schedule II-V controlled substances and to the list required to label drugs they dispense.

House Bill 1047—Prescribing Bill

Filed by Representative JC Kuessner (Democrat—Iron, Reynolds, Shannon, Washington Counties)

If passed, it would authorize a physician assistant or an advanced practice nurse to prescribe, administer, and dispense a controlled substance containing ephedrine and pseudoephedrine.

House Bill 1049—Makes nubaine a scheduled IV controlled substance

Filed by Representative JC Kuessner (Democrat—Iron, Reynolds, Shannon, Washington Counties)

If passed, this bill would makes Nubaine a scheduled IV controlled substance

House Bill 1102—APRN Prescribing Bill

Filed by Representative Kenny Jones (Republican—Cooper, Moniteau, Morgan, Pettis Counties)

If passed, this bill would grant APRNs prescriptive authority for controlled substances listed in schedules II-V.

House Bill 1118—Emergencies

Filed by Representative Tom Dempsey (Republican—St. Charles County)

If passed, this bill would allow for deployment of health care professionals licensed, registered, or certified in this or any adjoining state in an emergency and provides them immunity from civil damages.

SB 566—APRN Prescribing Bill

Filed by Senator Pat Dougherty (Part of St Louis City)
If passed, the bill would authorize an advanced practice

If passed, the bill would authorize an advanced practice registered nurse to prescribe schedule II—V controlled substances under a collaborative practice agreement.

Senate Bill 576—APRN Prescribing Bill

Filed by Senator Delbert Scott (Republican—Barton, Benton, Cedar, Dallas, Henry, Hickory, Pettis, Polk, St. Clair Counties)

If passed, it would authorize an advanced practice registered $% \left(1\right) =\left(1\right) \left(1\right$

nurse to prescribe schedule II-V controlled substances if such nurse has been delegated the authority under a collaborative practice agreement.

Senate Bill 637—Midwifery Bill

Filed by Senator John Cauthorn (Adair, Audrain, Clark, Knox, Lewis, Marion, Monroe, Pike, Putnam, Ralls, Schuyler, Scotland and Shelby Counties)

If passed, this bill would:

- Declare the practice of midwifery to be separate and distinct from the practice of medicine, nursing, nursemidwifery, or any other medical or healing practice; and,
- Define a midwife as one who is certified by the North American Registry of Midwives (NARM) as a certified professional midwife providing for compensation those skills relevant to the care of women and infants before, during, and six weeks after birth.
- In addition, engaging in the practice of midwifery is removed from the list of acts constituting the unlawful practice of medicine. This act also repeals the provisions prohibiting persons licensed as midwives from practicing medicine.

Senate Bill 664—Nurse Licensure Compact

Filed by Senator Jason Crowell (Republication—Bollinger, Cape Girardeau, Madison, Mississippi, Perry and Scott Counties)

This bill would adopt the nurse licensure compact.

Senate Bill 710—Related to complaints against nurses

Filed by Senator John Cauthorn (Adair, Audrain, Clark, Knox, Lewis, Marion, Monroe, Pike, Putnam, Ralls, Schuyler, Scotland and Shelby Counties)

If passed, this bill would:

- Require the Board to destroy complaints within 6 months if the Board takes no action or if the AHC rules there are no grounds to discipline.
- Allow licensees the ability to make a request to have old complaints (those received before the bill's effective date) destroyed where no action was taken.
- Allow the Board to issue fines up to \$500.

As a licensed professional, you do have a voice in shaping the future of health care. You can meet with, call, write or email your legislators. Let your legislators know how to reach you, your area of expertise and that you are willing to give them information on issues related to nursing. You can find information about the status of bills and how to contact legislators at http://www.moga.state.mo.us.

Making a Difference, One Life at a Time

Board Member, Cindy Suter, J.D.

Each of our Board members has made a difference in the profession of nursing. Their dedication to the task of ensuring that the provisions of the Nurse Practice Act are followed is exemplified in the Board's Mission Statement:

The mission of the Missouri State Board of Nursing is to protect the public by development and enforcement of state laws governing the safe practice of nursing.

This series will focus on each of the Board members and their contributions to the profession of nursing. Cynthia Suter, J.D. from Moberly, Missouri is the focus of this article. Ms. Suter is the public member on the Board of Nursing.

Q—What does it mean to be the public member of the Board of Nursing?

A—It is a great honor for me to be the public member of the Board of Nursing. Our goal is to protect the public. I am privileged to work with a very knowledgeable and experienced staff and a wonderful Board who is dedicated to the practice of nursing in the State of Missouri.

Q—What is your educational and professional background?

A—I graduated from Moberly High School; Moberly Area Community College and Northeast Missouri State College (now Truman University) with a Bachelor of Science in Education. I then graduated from the University of Missouri at Kansas City with a Juris Doctorate in 1971. I am past President of the Randolph County Bar Association; past President of Northeast Community Action, a not-for-profit public agency; past President of Community Day Care Learning Center in Moberly and still serve on the Board; a Board Member of Mid Missouri Legal Services; and a Board Member and President of the Missouri Lawyers' Trust Fund (IOLTA). I also serve on the Missouri Supreme Court Intervention Committee and am a member of the Missouri Lawyers' Assistance Committee and the Family Law Committee of the Missouri Bar. I am a past Board Member of Safe Passage, a shelter for battered women in Randolph County, Missouri and I have served as a disciplinary hearing officer for the Missouri Supreme Court Advisory Committee overseeing discipline cases for the Missouri Bar and the Supreme Court involving disciplining attorneys.

Q—What is your current profession?

A—My profession is an attorney in private practice in Moberly, Missouri.



Suter

Q—How did you become a board member?

A—I was asked to serve on a board by a member of Governor Holden's staff and was given the opportunity to become a board member with the Board of Nursing and was honored to do so.

Q-How long have you served on the Missouri State Board of Nursing?

A—I have been a member of the Missouri State Board of Nursing since October, 2003.

Q—What did you want to accomplish?

A—I am happy to say that the Board works very well with the staff and has accomplished many of its goals since I became a board member. The safety of the public is our primary goal. I am sorry, however, that the legislature has not seen fit to pass the compact so that Missouri nurses can practice in other compact states. This seems to me to be particularly important after something like Katrina has hit. I am shocked that more nurses did not come forward and write to and speak to their legislators about this matter and insist that this matter be passed immediately. I simply do not understand why all nurses in the State of Missouri do not want the state to become a compact state.

Q-What changes have occurred during your tenure as a board member?

A—Our very capable President, Robin Vogt's term ended since I have become a board member. She was a valuable asset to the board. However, we are extremely lucky to have Dr. Teri Murray as our present President. We will continue to work effectively for all citizens in Missouri.

Q—What have you contributed as a member of the board?

A—That is a hard question to answer. I hope that I have contributed objectively about matters that come before the board, particularly as a member of the discipline committee. I feel that I do add a slightly different perspective from the nurses on the committee. I'm happy to get their input and consider their expertise as we make our decisions.

Q—What is something that you have learned that you did not expect to as a result of your experience on the Board?

A—I did not expect this Board to be involved in anything controversial and I fully expected that the nursing board would be supported by all nursing organizations in its goal of not only protecting the public but promoting the welfare of nurses and enforcing the Nursing Practice Act. I am surprised that that is not always the case.

Q—How would you describe your experience as a board member?

A—I would describe my experience as a board member as being very fulfilling yet time consuming.

Q—What would you tell someone interested in becoming a board member?

A—You must be committed to this board and willing to spend the time necessary to not only attend meetings but telephone conferences.

Q—How have you made a difference to the profession of nursing?

A—I do not know if I've made a difference to the profession of nursing but I'm very impressed with all of the nurses that I have worked with and appreciate all that they do. I'm honored to be on this board.

February, March, April 2006

Discipline Corner

Authored by Liz Cardwell, RN, M.Ed.

Missouri State Board of Nursing Discipline Committee Members

Charlotte York, LPN Cindy Suter, BS, JD Amanda Skaggs, RNC, WHNP K'Alice Breinig, RN, MN Clarissa McCamy, LPN

A Nursing License on Probation

Having met with many nurses whose licenses are disciplined, I have come to the conclusion that there is no one descriptor that answers the question, what is it like for a nurse to have their nursing license disciplined. There are multiple factors that enter into a nurse's perception of the consequences of disciplinary action. There is the financial concern and how their ability to



Cardwell

maintain or find employment will be affected by discipline. Secondly, the issue of being seen by colleagues as a 'bad nurse' may surface particularly for those individuals who define themselves by what they do. And thirdly, there may be a sense of guilt that lingers beyond a reasonable time frame.

Fear, shame and guilt are not uncommon feelings that occur to individuals who have their nursing license disciplined whether it be censure, probation, suspension or revocation.

Initially I have observed that nurses may be 'paralyzed' with these feelings and therefore do not adhere to any of the requirements. The individual may not agree with the facts and respond by ignoring the disciplinary requirements. There are also nurses who look at the multiple page document, perceive it as impossible to understand let alone carry out what is required, and throw their hands up and the towel in—and do nothing.

There are nurses who accept responsibility and the consequences for the event, and complete the discipline without obvious difficulty or violating the agreement. During the period of probation, nurses work toward

coming to grips with the causal factor of their discipline, work toward an end that will prevent the reoccurrence of such behaviors and develop an appreciation of the privilege of being a nurse.

The disciplinary experience is an event that teaches in an indelible manner that: hindsight is twenty-twenty; not listening to a gut instinct may have far reaching ramifications; providing safe, appropriate patient care cannot be taken lightly; and that the disease of chemical dependency must be dealt with in a daily recovery program.

Probation is a disciplinary action that is a culmination of an involved process which begins with a complaint being made on the license of a nurse. After the fact finding investigatory process is completed and the Board has carefully reviewed the case for violations of the Nurse Practice Act, the Board makes a determination of whether or not to discipline the license, how long the probationary period should be and what the terms of the discipline are. The statute states that the period of probation can be no longer than five years. The Board may determine that a period of suspension should precede the probation and statute states that the period of suspension can be no longer than three years.

The disciplinary decision with terms is then referred to the Attorney General's Office to begin the legal process. The licensee is then sent a Settlement Agreement that identifies the portion of the Nursing Practice Act that was violated and the terms of the discipline. Also included in the Agreement is the option for the nurse to request that the Administrative Hearing Commission review the Agreement to confirm that a violation of the statute has occurred. The terms of the Agreement become effective fifteen days after the Executive Director of the Board of Nursing signs the document.

General requirements of discipline include that the licensee shall not violate the Nursing Practice Act and not let their license lapse. (A nurse may place their nursing license inactive but the disciplinary requirements must still be met). The licensee must keep the Board informed of any address or phone number change (as ALL nurses should do). There will be specific requirements related to the individual circumstances that led to the disciplinary action of probation.

The licensee will be expected to meet with a member of the Board's Professional staff on at least one occasion, generally the first meeting and then submit required documentation twice a year or more frequently if the Board deems this necessary. The licensee will receive an

appointment letter which identifies the meeting date and time, the documentation required and the deadline date that all of the documentation is due in the Board office. The appointment letter is sent by certified mail well in advance of the scheduled meeting or due date. Not attending the scheduled meeting or submitting required documentation is a violation of the Settlement Agreement. During the meeting, the documentation that has been submitted will be reviewed and discussed with the Discipline Administrator. If the licensee has questions or concerns, this meeting provides an opportunity for the licensee to express those thoughts and to ask questions regarding the requirements so that the licensee does not violate the disciplinary terms. The information from the meeting is placed in report form and reviewed by the Board. This report is an opportunity for the Board to monitor the licensee's compliance or non-compliance during the probationary period.

Employer evaluations are required whether the licensee is employed as a nurse or in a non nursing position. The document is to be submitted directly to the Board office from the employer. If the licensee is not working during the period of probation, the licensee must submit a notarized affidavit of unemployment dates. Employer information is required each time a meeting is scheduled or a due date occurs. It is the responsibility of the licensee to follow up with the employer to assure that the evaluation is sent and to follow up with the Board office to assure that the document has been received.

If probation is based on chemical dependency issues or events involving drugs/alcohol, a chemical dependency evaluation will be required. The licensee is expected to follow the recommendations of the chemical dependency professional including whether or not the licensee should attend 12 step meetings. On occasion, the Board may require a mental health evaluation if the cause for discipline was relative to a mental disorder which interfered with nursing practice. The licensee will continue to see the health care provider for periodic updates regarding status, progress and treatment plan; when treatment is concluded the licensed professional submits a final summary of the clients' treatment completion.

Urine drug screens may be required. The Board has contracted with NCPS (National Confederation of Professional Services) to administer the drug screening process; this ensures uniformity for all of those who are required to submit drug screen results.

Continuing education may be a requirement particularly when behaviors have indicated a knowledge deficit related to practice, a lack of understanding of nursing law and ethics, and/ or the need for drug education.

If the licensee is on probation or parole in the correctional system the licensee will be required to provide information indicating compliance with those requirements.

While on probation if the nurses' license is current and active, a nurse can continue to practice nursing. If there are employment restrictions in the Settlement Agreement, the nurse will want to be sure she does not violate those restrictions thus placing her in probation violation. The restrictions may be, but not limited to: shall not carry narcotic keys or give controlled substances or have access to an automated device that contains controlled substances; shall not work night/eve shift; shall not be employed by a home health agency, temporary agency or durable medical equipment agency; and shall work in a facility where there is on site supervision by another nurse or doctor. Sharing a copy of the Agreement with your employer will alleviate any miscommunication between you and your employer.

If a licensee does not meet the requirements of the Settlement Agreement, he/she is considered in violation of the probation. The Board has authority to take further disciplinary action or revoke a nursing license if the nurse has violated those terms.

MISSOURI STATE BOARD OF NURSING • PAGE 9 •



Licensure Corner

Authored by Kathy Tucker Licensing Supervisor

Missouri State Board of Nursing Licensure Committee Members:

Kay Thurston, ADN, RN, Chair K'Alice Breinig RN MN Charlotte York, LPN Teri A Murray, PhD, RN Clarissa McCamy, LPN

Upcoming LPN Renewals On-Line

Effective with the upcoming LPN renewal phase you will be able to renew your LPN license on-line. Renewal notices will be mailed March, 2006. Instructions on how to renew on-line will be provided with your renewal notice. If you do not receive your renewal notice by March 15, 2006, please contact our office.

Name and Address Changes

Name and address changes now require your signature to safeguard your pin number which will be needed for on-line renewal. Methods of contacting our office are as follows:

- Fax Numbers: 573-751-6745 or 0075
- Mail: Completing the form provided in the Board's newsletter or sending a written request.



Tucker

LEAD-R AVAILABLE FOR LPNs

As a national initiative, the Missouri State Board of Nursing partnered with the Missouri Department of Health and Senior Services to develop and implement a state-based system for establishing and verifying the qualifications of licensed professionals willing to volunteer during an emergency. This system has been named the Licensed-Professionals Emergency and Disaster Registry (LEAD-R). Development of this system was guided by several principles.

- The system should be as simple as possible and not be too dependent on technology.
- The system should take advantage of existing databases.
- There should be a minimum set of data elements for identification of volunteers.
- There should be a recognized badge/license with static information to allow for immediate identification of a volunteer, supported by additional, constantly updated information in a central database.
- There should be an easy registration process that gives volunteers a choice about their level of participation: what distance(s) are they willing to travel, for how long are they willing to volunteer, and to what kind(s) of incident(s) are they willing to respond.
- The information contained in certain (confidential) fields must be accessible only in a disaster and then only by designated individuals responsible for activating and utilizing the system. This would include elements such as contact and personal information.
- Information contained in LEAD-R must never be used for purposes other than that for which the system is designed.
- There should be consideration for "swipeable" cards that could update training data automatically.
- There should be a mechanism for volunteers to personally update certain data elements. We developed a system that meets all these guidelines.

Each licensee is assigned a unique PIN number. The first set of nurses that received their PIN were RNs when their renewal notices were mailed last February. The PIN allows a nurse to renew online and to register for LEAD-R.

The license you receive will be a plastic card that will contain a magnetic stripe and a signature line. All licensees will receive this new license card regardless of whether or not they are a LEAD-R.

The volunteer enters his/her information online and that information is then combined with the volunteer's licensure record. The LEAD-R will serve as an official registry of professionals willing to volunteer services during an emergency declared by the Governor or legislature. As a nurse, you can go online at any time with your license number and PIN number and update your information.

If an emergency is declared, then only designated individuals responsible for activating and utilizing the system will be able to query the system by proximity and credentials needed and activate volunteers. We are still working with the Department of Health on the operational aspects of the activation. It is noteworthy to mention that volunteers can decline calls to respond to emergencies.

If you are activated, you would need to take a photo ID and your new license card with you to the emergency staging area to check in. The receiving entity will be able to swipe your license card to validate your information with the LEAD-R system. The LEAD-R system will also have incident command software so the incident commander can see who is on-site, assignments based on your area of expertise, and know when a volunteer leaves the site.

We encourage you to be a LEAD-R. We need compassionate individuals with the desire to lend a hand and the skills and training to handle emergency situations. Be that LEAD-R! Remember to sign up when you renew your license online.

House Bill 600 as amended by Senate Bill 978

Effective July 1, 2003, all persons and business entities renewing a license with the Division of Professional Registration are required to have paid all state income taxes, and also are required to have filed all necessary state income tax returns for the preceding three years. If you have failed to pay your taxes or have failed to file your tax returns your license will be subject to immediate suspension within 90 days of being notified by the Missouri Department of Revenue of any delinquency or failure to file. This requirement was enacted in House Bill 600 of the 92nd General Assembly (2003), and was signed into law by the governor on July 1, 2003. If you have any questions you may contact the Department of Revenue at 573-751-7200.

New Fingerprint Process Effective January 1, 2006

Effective January 1, 2006 initial licensure applicants must have their fingerprints taken by Identix Identification Services (IIS). To better serve applicants the Missouri State Highway Patrol, Criminal Records and Identification Division (CRID) partnered with Identix Identifications Services (IIS) to provide a better option in applicant fingerprint processing. Processing centers are established throughout the state to take applicant fingerprints and identifying information for electronic submission to CRID for processing. Advantages of electronic submission are as follows:

- Convenient locations for applicants throughout the State of Missouri within a 50 mile radius of home.
- No messy ink.
- Faster response time.
- Added security in confirming that fingerprints are from the individual submitting the
- No rejections due to poor quality prints.
- Results are received by CRID within five (5) business days after the applicant has been printed. Notification of the results will then be sent to the Board of Nursing from the

Initial licensure applicants are required to contact Identix at 866-522-7067 or visit www.identix.com/iis to schedule a fingerprinting appointment. A list of locations is available by calling Identix or by accessing their web site. When scheduling the appointment, the applicant needs to indicate the reason to be fingerprinted (i.e., Missouri nursing license). The applicant should arrive at the appointment with a driver's license or other valid form of identification and the proper payment. A technician will scan the fingerprints and submit the data. This normally takes less than five minutes. A signed receipt will be provided at the end of the fingerprinting session which then must be submitted to the Board with the application as proof of fingerprinting. The results will be sent directly to the Board from the Missouri State Highway Patrol. The new system was available July 20, 2005 and has been very successful. Background checks processed through this new method are received and processed by our Staff in about 10 days. That is a tremendous improvement from 1-12 weeks under the old system.

New Fee Structure

Due to the implementation of the new fingerprint process on January 1, 2006, our fee structure has changed to the following:

- Licensed Practical Nurse Examination Application fee \$41.00
- Registered Professional Nurse by Examination Application fee \$45.00
- Licensed Practical Nurse by Endorsement Application fee \$51.00
- Registered Professional Nurse by Endorsement Application fee \$55.00

In addition to the application fee the applicant will be required to pay **Identix** \$50.95 at the

time of fingerprinting.

License Renewal for Deployed Military Personnel

State statute 41.950 states:

"1. Any resident of this state who is a member of the national guard or of any reserve component of the armed forces of the United States or who is a member of the United States Army, the United States Navy, the United States Air Force, the United States Marine Corps, the United States Coast Guard or an officer of the United States Public Health Service detailed by proper authority for duty with any branch of the United States armed forces described in this section and who is engaged in the performance of active duty in the military service of the United States in a military conflict in which reserve components have been called to active duty under the authority of 10 U.S.C. 672(d) or 10 U.S.C. 673b or any such subsequent call or order by the President or Congress for any period of thirty days or more shall be relieved from certain provisions of state law, as follows:

(4) Any person enrolled by the supreme court of Missouri or licensed, registered or certified under chapter 168, 256, 289, 317, 325, 326, 327, 328, 329, 330, 331, 332, 333, 334, 335, 336, 337, 338, 339, 340, 341, 342, 343, 344, 345, 346, 375, 640 or 644, RSMo, whose license, registration or certification expires while performing such military service, may renew such license, registration or certification within sixty days of completing such military service without penalty;"

A nurse is licensed under chapter 335. If a nurse does not renew his/her license due to deployment, the nurse may renew his/her license without penalty if the license is renewed within sixty days of completing military service. When the nurse returns from military service, we ask that the nurse provide evidence of their service (including dates) for verification that they meet this exemption.

States Who Participate in the Nurse Licensure Compact

Since twenty-one (21) states have passed the nurse licensure compact, we have received an increase in calls from nurses and employers asking who is or isn't a compact state. Nurse Licensure Compact States and Implementation Date are as follows:

Compact States	Implementation Date		
Arizona	July 1, 2002	New Mexico	January 1, 2004
Arkansas	July 1, 2000	North Carolina	July 1, 2000
Delaware	July 1, 2000	North Dakota	January 1, 2004
Idaho	July 1, 2001	South Carolina	Pending Implementation
Iowa	July 1, 2000	South Dakota	January 1, 2001
Maine	July 1, 2001	Tennessee	July 1, 2003
Maryland	July 1, 1999	Texas	January 1, 2000
Mississippi	July 1, 2001	Utah	January 1, 2000
Nebraska	January 1, 2001	Virginia	January 1, 2005
New Hampshire	Pending Implementation	Wisconsin	January 1, 2000
New Jersey	Pending Implementation		

Investigations Corner

Anonymous Complaints

Authored by Quinn Lewis Investigations Administrator

The subject of this month's article is anonymous complaints. Anonymous complaints are extremely difficult to investigate, because there is no way to follow up on conflicting information. Anonymous complaints usually lack sufficient information and complicate the Board's ability to conduct a proper investigation. We have found that the final disposition in most of these complaints result in a ruling of unsubstantiated by the Board. This may be due to lack of information that would enable the Board to find evidence to corroborate the allegations in the complaint.

It is important to note that regardless of how bad a complaint sounds there must be sufficient proof before the Board can proceed with disciplinary action. A nurse has due process in an administrative process similar to what he/she would have in

administrative process similar to what he/she would have in a criminal proceeding. The nurse has a right to know his/her accuser and have the opportunity to respond to the allegations.

There are some instances where the complainant will file a complaint and ask to be left anonymous. This request cannot be granted if the name of the complainant is known. This request may be granted if by releasing the name of the complainant, it would jeopardize their safety. In all other cases the nurse has a right to know their accuser.

The Board's complaint form asks, "Are you willing to testify at an administrative hearing?" This question indicates the complainant's statements may have to be exhibited as evidence by the state, at a later date. It would be very difficult to go to a hearing with statements submitted by an unknown person. Especially, when the complainant claims to be an eye witness to the conduct cited in the complaint.

The above information brings us to a sensible question, "why do we accept anonymous complaints in the first place." The primary function of the Board is to protect the public. Therefore when the Board receives information that a nurse is a possible threat to public safety, the board cannot ignore that information. The Board must proceed with a



Lewis

preliminary inquiry into the allegations.

In order to substantiate the anonymous information the Board's Investigations Administrator will conduct a preliminary inquiry using the information provided. The majority of our anonymous complaints pertain to allegations of drug abuse and criminal convictions.

Anonymous complaints about criminal convictions are the most reliable because the Board can substantiate this information without the name of a complainant. The information can be verified by contacting the arresting agency and/or local prosecuting attorney in that jurisdiction. Evidence of the court proceedings and final disposition of the case can be verified by certified court documents from the circuit clerk's office. Therefore we can substantiate complaints of criminal convictions if they are submitted anonymously, because the justice system would be our main source of information. After verification, the Board can proceed as usual notifying the nurse and asking for the nurse's explanation.

The Board opens other anonymous complaints after probable cause has been established that the information received is legitimate.

Before we go into the difficulties the Board encounters when conducting a preliminary inquiry into an anonymous complaint, remember that the main source of information in a Board of Nursing investigation is the complainant. When the Board does not have its main source of information the inquiry must start with those who would have knowledge of the nurse's practice history.

In most cases this would be the nurse's place of employment. This places the Board in an awkward position. This situation is uncomfortable, because we are calling a nurse's place of employment inquiring about serious allegations from an unnamed source. This type of inquiry has the appearance of fishing, but that is not the case. As stated above, the Board's main function is to protect the public, for that reason we must inquire about serious allegations.

If the preliminary inquiry does not reveal any evidence that would substantiate the allegations, the information is forwarded to the Board to take whatever action is deemed appropriate. If the Board decides to take no further action, no further investigation will be conducted and this will not appear on the nurse's record. In situations when probable cause is discovered that would give the complaint merit the Investigations Administrator will request an official investigation and proceed as normal.

This article is not intended to discourage anonymous complaints. The article is intended to encourage anyone that may decide to make an anonymous complaint to understand the rights of a nurse and understand how difficult it is to investigate anonymous complaints.

Practice Corner

Authored By Janet Wolken, MBA, RN Practice Administrator

Missouri State Board of Nursing Practice Committee Members

Linda Conner, BSN, RN, Chair Amanda Skaggs, RNC, WHNP K'Alice Breinig, RN, MN Clarissa McCamy, LPN

<u>Is it within my scope of practice?</u>

The ability of Board staff to answer the question "is it within my scope of practice" is not as clear cut as nurses expect it to be.

Basic parameters of the scope of practice are defined by basic licensure preparation and advanced education. The Missouri State Board of Nursing does not have a list of specific tasks, functions, or



Wolken

responsibilities that nurses may or may not do. If such a list existed it would need to be limited to the minimal skills that every nurse should possess when they graduate, whether it is from a practical nurse, registered nurse, or advanced practice program. New and changing technology and drug therapies are introduced on a daily basis. The Board does not want to place limits on nurses in this dynamic profession.

As the profession of nursing evolves all licensed nurses continue to share a common base of responsibility and accountability defined as the practice of nursing (definitions may be found in 335.016 (2), (9), (10)). However, nurses who are practicing are expected to keep current and increase their skills and expertise. This may be

achieved by continuing formal education, in-services through employers, reading professional journals, or in a variety of ways. Thus the scope of practice of individual nurses may vary according to the type of basic preparation, practice experiences, and professional development activities that they have encountered. Each nurse is responsible, both professionally and legally, for determining their own personal scope of practice.

When deciding if a task falls within your scope of practice you may choose to accept the assignment making you legally accountable for its performance. You may decide to learn the new task, if you make this decision you will need to let your employer know when you feel competent to perform the task or let them know you need additional education to feel competent and make sure that documentation is in your personnel file validating this additional education. The third alternative is to refuse to perform the task. It is important to document your concerns for patient safety as well as the process you followed to inform your employer of the decision. It is also important to be aware that if your employer requires a task to be performed that you are uncomfortable with and even though you have legitimate patient safety concerns the employer has the legal right to initiate employee disciplinary action.

To help nurses make these decisions the Board has adopted the Scope of Practice Decision Making Model that can be found at http://pr.mo.gov/boards/nursing/MO Decision Making Model.pdf. This tool allows the nurse to use their judgment, skill and knowledge to determine if they may perform the activity according to acceptable and prevailing standards of safe nursing care.

The tool asks that the nurse begin by clarifying what they are being asked to do. Do other facilities in the community have nurses perform this task? Is there a written policy or procedure available to describe who, how and when to perform the task? Is this something new for every nurse or is it just new to you? Does the new responsibility require professional judgment or is it simply a new skill? Is it a work load issue or a competency issue? After the nurse has clarified the task, they can proceed with the tool.

The most frequent question we receive in regards to the decision making tool is the very first question that needs to be answered, "Is the activity permitted by the Missouri Practice Act?" It may be helpful to look at the practice act on the web site (http://pr.mo.gov/nursing-rules-statutes.asp). Often statute 335.016 definitions will provide some guidance, as well as statute 335.017 Intravenous fluids

Practice Corner cont. to page 13

Practice Corner cont. from page 12

administration requirements for practical nurses and rule 4 CSR 200-6.010 intravenous fluid treatment administration. For advanced practice nurses see 4 CSR 200-4.100, and for collaborative practice questions see 4 CSR 200-4.200. As you read the rules and statutes which comprise the Nurse Practice Act keep in mind that they are written broadly as a guide to nurses to allow them flexibility in nursing practice.

The tool provides several different branches at this step "yes," "no" and "unsure." If the nurse is unsure if the task is permitted by the nurse practice act then the next step "Is the activity/task precluded under any other law, rule or policy?" is the next question to consider. If the answer is no then proceed.

The next question to guide the nurse in this decision states "Is the activity consistent with: pre-licensure, post-basic education program, national nursing standards, nursing literature/research, institutional policy and procedure, agency accreditation standards, board position statements, community standards?"

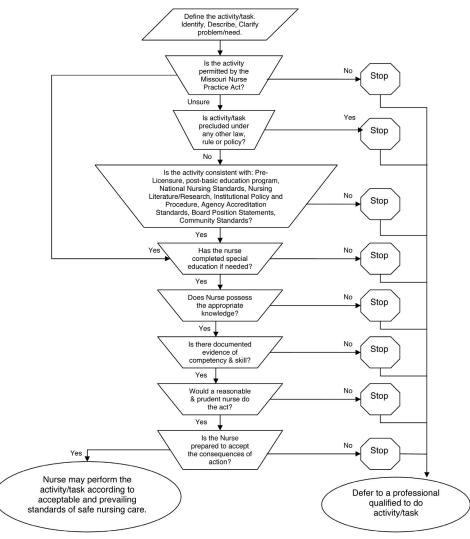
Let's break that sentence down to help answer it. Did you learn it or do they teach it in nursing school or in a post-licensure program? Have you read or researched any nursing articles/journals to see if nurses are indeed performing the task? If other facilities in the area perform the same task, then call and ask them for their research or policies on the topic. Is there an institutional policy and procedure on the task and are nurses one of the people who are allowed to perform the task? Is the policy approved by the medical board of the facility? Keep in mind that a facility may limit nursing practice by policies they have developed, thus something allowed at one facility may not be allowed at another. Check the board of nursing web site for a position statement (http://pr.mo.gov/nursing-focus-position.asp) and check in the frequently asked questions sites.

The next three steps are: has the nurse completed special education if needed, does the nurse have appropriate knowledge, and is there documented evidence of competency and skill? These steps have the nurse assess clinical competency for the task. Do you have the knowledge and skills to perform the procedure? Is there someone available to assist you who has the knowledge and skill and will they be accessible to you? This question is definitely one that board staff can not answer for the nurse. Only the nurse can determine if they are ready to perform the task independently. When the nurse has answered yes to each of these questions then they are ready for the next step.

After the nurse has completed the research and is declared competent to perform the task would a reasonable and prudent nurse do the task? The yes branch will lead the nurse to the next step.

Is the nurse prepared to accept the consequences of the action? Does the nurse believe that s/he can provide safe patient care based upon current knowledge? The nurse will be ethically and legally responsible for performing this new procedure at an acceptable level of competency. If the answers in the tool have led you down this path and the final answer is yes then the nurse may perform the activity/task according to acceptable and prevailing standards of safe nursing care.

Scope of Practice Decision Making Model



Continued Competence in Nursing

The National Council of State Boards of Nursing (NCSBN) expects to begin mailing a practice analysis survey to 20,000 randomly selected RNs beginning in January 2006. The results of the survey will be used to describe the practice activities of experienced nurses in order to investigate whether there is a core set of nursing competencies for RNs. The researchers encourage all selected nurses to participate. This is your opportunity to impact RN practice.

For further information go to http://www.ncsbn.org/news/pressreleases.asp.

Education Corner



Authored by Marilyn K. Nelson, RN, MA Education Administrator

Missouri State Board of Nursing Education Committee Members:

Teri A. Murray, Ph.D., RN, Chair Linda Conner, BSN, RN Cynthia Suter, BS, JD Kay Thurston, ADN, RN

In each issue of the Newsletter, there are numerous advertisements—for nursing positions, financial institutions, programs to further your nursing education, uniform and/or scrubs, etc. A Disclaimer Clause, usually found on page 2 of the Newsletter, states, "Advertising is not solicited nor endorsed by the Missouri State Board of Nursing." The disclaimer also says that interested persons are to contact the providers offering educational



Nelson

programs directly and not the Board of Nursing. The Board often receives calls regarding approval of a particular program and the ability of the individual to apply for licensure in Missouri if s/he completes a particular program. The Board of Nursing approves pre-licensure programs (leading to the first nursing license) and a listing of these can be found on the Board's web site. The Board of Nursing has no authority over post-licensure programs. A few months ago, I talked with an individual asking if she completed a master's in a particular nursing program that was advertised in the Newsletter would she be considered as qualified to teach in a nursing program in Missouri. This program was located "off-shore" which was not part of the USA. There was a contact number that was located in one of the northeastern states but this state, like Missouri, only has jurisdiction over programs leading to the initial degree. There was no published address for the program. Board staff called the contact number and inquired about the program's accreditation status. The program was not accredited by a nursing organization or accrediting body recognized by the US Department of Education. The person was informed that the Board would not recognize this degree and the individual expressed some frustration that the advertisement had appeared in the Newsletter. I discussed the Disclaimer Clause with her.

I have mentioned all this to emphasize that if you are planning to further your nursing education, you need to do your homework before selecting a program. Unfortunately, there are programs that essentially just require an application, a listing of your nursing positions and responsibilities in order to give work/life experience credit for courses, and payment. One nursing program administrator called the Board to ask about the credibility of a certain institution from which a faculty member was obtaining a master's degree. Via an Internet search, it was discovered that this institution was less than credible and you could even pay extra to receive documentation indicating that you graduated magna cum laude.

Earlier this year, I wrote an article discussing questions you should ask when selecting a

nursing program. Although the article primarily dealt with programs leading to the initial degree, many of the questions are applicable to programs to advance your nursing education. Programs available via the Internet blur state, national and international boundaries. Many of these programs are very credible and legitimate. Ask questions regarding the accreditation status of the nursing program and of the institution in which the program is offered. The accrediting agencies/bodies should be recognized by the US Department of Education and include such organizations as The Commission on Collegiate Nursing Education (CCNE), National League for Nursing Accrediting Commission (NLNAC), and The Higher Learning Commission. If the program is one leading to initial licensure, ask if it is approved by the Board of Nursing in the state where the program resides. Some states approve post-licensure programs offering advanced nursing degrees. Inquiries regarding these programs should be directed to the Board of Nursing in that specific state. The Education Consultant Network of the National Council of State Boards of Nursing (NCSBN) has discussed the proliferation of programs offering advancement of a nurse's education and is starting to assemble a listing of those programs that do not possess appropriate accreditation.

Helpful websites are:

- Boards of Nursing: http://ncsbn.org/
- Accrediting organizations recognized by the US Department of Education: http://ope.ed.gov/accreditation/search.asp

The Board of Nursing often receives inquiries as to refresher courses from LPNs and RNs who have been out of the practice arena for a while. The Board of Nursing does not approve refresher courses but does attempt to keep a current listing of sources offering such and presently it is as follows:

- Missouri Baptist Medical Center, Clinical Nursing Institute, 3015 North Ballas Road, St. Louis, MO, 63131 (RN & LPN Refresher courses), (314) 996-5291. Contact person is Nancy Leahy.
- CNE-Net Continuing Nursing Education Network, Bismark, ND (RN and LPN refresher courses)— (701)223-7105
- Intercollegiate Center for Nursing Education, Washington State University College of Nursing, Spokane, WA (RN refresher course) (509)324-7360
- South Dakota State University, Brookings, SD (RN and LPN refresher courses) (605)688-5745
- Greenville Technical College (RN and LPN refresher courses) Greenville, South Carolina, (864)250-8000 and www.greenvilletech.com.

These courses are offered on line.

The Board would appreciate being informed of other refresher courses, especially any located within the state. Of course, there are printed materials available and you could check with a bookstore that carries nursing textbooks. Books are expensive but this might be an option if you primarily wanted to review content in a specialty area, such as maternity and obstetrical nursing.

Here is a progress report on making revisions to 4 CSR 200-6.010 Intravenous Fluid Treatment Administration. The proposed revisions were published in the October 3, 2005 issue of the *Missouri Register* and the public then had thirty (30) days to submit comments. Comments were received from nine individuals. As a reminder, the current rule is to be rescinded and a series of five more concise rules (4 CSR 200-6.020 thru 200-6.060) will take its place.

The board did receive comments and made changes based on those comments. You can view a summary of the comments and changes made in the *Missouri Register* on the Secretary of State's website at http://www.sos.mo.gov/

The final IV Therapy rules with changes were filed by December 30, 2005. The comments and final rule will be published in the *Missouri Register* the first part of March 2006. The rules DO NOT become effective until another thirty (30) days after that publication which would be April 30, 2006. I will be contacting each current IV course provider in the near future as to what implications and opportunities for change that the new rules have for them. I also should have more information as to the date the exact rules become effective for the next newsletter.

Summary of Actions

December 2005 Board Meeting

Education Matters

Relocation of Program

- Washington School of Practical Nursing, PN #17-176—request to relocate was approved.
- Columbia College/Lake Ozark, ADN Program, #17-404—request to relocate was approved.

Curriculum Changes

- Warrensburg Area Career Center, #17-172—request for curriculum changes was approved.
- State Fair Community College, PN Program #17-182 and ADN #17-408—request for curriculum changes was approved.

Sponsorship Request

• Approval was given to North Central Missouri College to assume sponsorship of Northwest Technical School PN Program.

The following items were reviewed and accepted:

• Five-Year Site Visit Reports for 3 PN Programs

Discipline Matters

The Board held 9 disciplinary hearings and 10 violation hearings.

The Discipline Committee reviewed 133 RN and PN cases, 14 Litigation items and 26 disciplined licenseemeeting reports.

Licensure Matters

The Licensure Committee reviewed 10 applications and 8 cases of unlicensed practice. Results of reviews as follows:

Issued letters of concern—10
Applications approved with probated licenses—5
Applications tabled for additional information—3

Missouri Nurse, Mary Stassi, RN, Appointed to Panel of Experts

Authored by Becki Hamilton, Executive Assistant

We are pleased to announce that Mary Stassi, RN, C from Wright City, MO was recently appointed to serve on a panel of experts formed by the National Council of State Boards of Nursing to study the practice activities of Medication Assistants. The panel plans to gather and summarize information that describes the practice activities of the Medication Assistants who work in all types of health care settings across the country.

Mary is currently employed as the Health Occupations Coordinator at St. Charles County Community College and is a recognized nurse expert. The Board would like to take this opportunity to thank Mary for lending her time and expertise to this important project.

DISCIPLINARY ACTIONS

Pursuant to Section 335.066.2 RSMo, the Board "may cause a complaint to be filed with the Administrative Hearing Commission as provided by chapter 621, RSMo, against any holder of any certificate of registration or authority, permit, or license required by sections 335.011 to 335.096 or any person who has failed to renew or has surrendered his certificate of registration or authority, permit or license" for violation of Chapter 335, the Nursing Practice Act.

**Please be advised that more than one licensee may have the same name. Therefore, in order to verify a licensee's identity, please check the license number.

INITIAL PROBATIONARY LICENSE

Listed below are individuals who were issued an initial probationary license by the Board during the previous quarter with reference to the provisions for the Nursing Practice Act that were violated and a brief description of their conduct.

Name	License Number	Violation	Effective Date of Restricted License
Katherine Dean Columbia, MO	PN2005031199	Section 335.066.1 and .2(2), RSMo 2000 On 11/9/04, Licensee pled guilty to possession of drug paraphernalia. On 5/4/05, Licensee pled guilty to DWI.	Restricted 9/13/05 to 09/13/07
Melissa J. Kerbyson Cilo, MI	RN113300	Section 335.066.1 sand .2 (5) and (12), RSMo Sometime prior to 7/01, Licensee became addicted to prescription pain medication. On 7/01, Licensee sought treatment for her pain medication addiction from the Michigan Health Professional Recovery Program. Licensee reports sobriety date of 8/4/03.	Restricted 11/23/05 to 11/23/06
Robin Rachalle Knehans St. Louis, MO	PN2005036167	Section 335.066.1 and .2(2), RSMo 2000 On 6/9/00, Licensee pled guilty to one count of manufacture of methamphetamine and one count of endangering the welfare of a child.	Restricted 10/4/05 to 10/04/08

CENSURE LIST

Name	License Number	Violation	Effective Date of Censured License
Danielle S. Bogert Godfrey, IL	RN127308	Section 335.066.2(5), (6), and (12), RSMo 2000 From 5/27/03 through 10/3/04, Licensee worked as a registered professional nurse without proper licensure.	Censure 11/29/05
Trellena A. Guccione Springfield, MO	RN123508	Section 335066.2(5), (6), and (12), RSMo 2000 From 5/03 through 12/04, Licensee practiced as a Registered Nurse on a lapsed license.	Censure 10/26/05
Charles D. Klingensmith Farmington, MO	RN137474	Section 335.066.2(5) and (12), RMSo 2000 On 7/5/02, Licensee was working in the emergency department, when a nine-week old infant presented in the emergency department with complaints of vomiting and nausea. In order to place an intravenous line (I.V.) in the infant, the Licensee obstructed the infant's airway by taping a pacifier in the infant's mouth so the pacifier would not come out during the I.V. procedure.	Censure 9/23/05
Barbara E. Snodgrass Sully, IA	RN092451	Section 335.066.2(8), RSMo 2000 Beginning December 4, 2002, the Iowa Board of Nursing placed Licensee's Iowa license on probation for 24 months.	Censure 9/3/05

PROBATION LIST

Name	License Number	Violation	Effective Date of Probation
Rhonda Marlene Billmeyer St. Louis, MO	RN2003022368	Section 335.066.2(1), (5), (12) and (14, RSMo 2000 On 6/7/04, Licensee diverted Dilaudid for her personal use. Licensee obtained Dilaudid in the name of a patient who had been discharged and who did not have orders of Dilaudid. On 6/8/04, Licensee submitted to a urine drug screen which was positive for Dilaudid. On 7/9/04, Licensee returned to work. Upon her return to work, Licensee signed a "Continued Recovery Agreement" in which Licensee promised to refrain from use of controlled substances without a valid prescription. On 8/5/04, Licensee submitted to a urine drug screen which was positive for the presence of Dilaudid. On 8/17/04, Licensee was terminated from employment for diversion of Dilaudid and for violating her Continued Recovery Agreement.	Probation 9/1/05 to 9/1/09
Dwight Cartier St. Louis, MO	RN071334	Section 335.066.2(5) and (12), RSMo 2000 In July 2003, Licensee, while employed at a psychiatric center, admitted to having a relationship of a romantic and/or sexual nature with a female patient while on duty.	Probation 11/10/0. to 11/10/07
Lori S. Clawson Wright City, MO	RN086236	Section 335.066.2(1), (5), (12), and (14), RSMo 2000 In 7/04, an audit was conducted of the narcotic records and it was discovered that the Licensee removed large quantities of Dilaudid (hydromorphone) from the Accudose Medication cabinet without physician orders. From 7/04 and continuing through 8/04, Licensee withdrew more narcotics than the required dose and misappropriated the additional amounts for her own personal consumption.	Probation 9/15/05 to 9/15/10
Debra M. Frazer Smithville, MO	RN133460	Section 335.066.2(1), (5), (12), and (14), RSMo 2000 On 8/13/04, while on duty, Licensee withdrew 10 mg of injectable Morphine for a patient. However, there was no physician order for Morphine for the patient and Licensee did not chart the administration of Morphine to the patient on the MAR. On 8/18/04, Licensee recorded in the MAR that she administered four doses of Morphine to another patient, to whose care Licensee was not assigned, but the patient did not receive any Morphine. Licensee admitted diverting Morphine from her employer. On 8/31/04, Licensee entered drug and alcohol treatment program, where her diagnosis included Opioid dependence, alcohol abuse and sedative abuse.	Probation 11/1/05 to 11/1/08
Rebekah D. Gilliland Blue Springs, MO	RN151622	Section 335.066.2(5), (6), and (12), RSMo 2000 From 5/19/03 through 1/5/05, Licensee worked as a registered professional nurse on a lapsed license.	Probation 11/8/05 to 11/8/06
Angie L. Grogan Sikeston, MO	RN155551	Section 335.066.2(1), (5), (12), and (14), RSMo 2000 On 10/15/03, Licensee submitted to a urine drug screen which was positive for methamphetamine.	Probation 9/22/05 to 9/22/10
Karen E. Hafner Bonne Terre, MO	RN100677	Section 335.066.2(1) and (14), RSMo2000 On 9/3/04, Licensee submitted to a pre-employment urine drug screen. On 9/10/04, Licensee tested positive for cocaine on the pre-employment drug screen.	Probation 9/9/05 to 9/9/08
Virginia Hayden Overland Park, KS	RN2000160143	Section 335.066.2(8), RSMo 2000 On 12/4/02, the Kansas State Board of Nursing disciplined the Licensee wherein Licensee's' Kansas nursing license was suspended. The suspension was stayed as long as Licensee participated in the Kansas Nurses Assistance Program. The Agreed Findings of Fact stated that on 11/20/01, Licensee tested positive for alcohol at work. Licensee entered the KNAP program on 3/02 and relapsed in 2/03. Licensee signed a Diversion Agreement on 2/25/04. On 9/28/04, Licensee relapsed on alcohol. On 11/17/04, KNAP reported that the licensee went for her evaluation and is currently in treatment.	Probation 11/15/08 to 11/15/08
Aprelle Danvelle Holbrook St. Peters, MO	PN2000154219	Section 620.153, RSMo 2000 Licensee has violated the terms and conditions of the settlement agreement by failing to submit any documentation of completion of the required continuing education hours.	Probation 11/9/05 to 11/9/06
Joyce E. Holder Cairo, IL	PN052793	Section 335.066.2(1), (5), (12), and (14), RSMo 2000 From 3/03 through 5/03, Licensee misappropriated Demerol for her personal use and consumption through a Pyxis machine. On 5/21/04, Licensee submitted an abnormal urine specimen in violation of the employee assistance program.	Probation 9/21/05 to 9/21/08
Randall Dean Hopp Gladstone, MO	RN2003004615	Section 335.066.2(2) and 8, RSMo2000 On 7/20/98, Licensee pled guilty to making obscene or harassing phone calls. On 2/4/04, Licensee entered an Alford plea to assault in the fifth degree. On 8/12/04, the Minnesota Board of Nursing and the Licensee entered a Stipulation and Consent Order that placed the Licensee's Minnesota nursing license on conditional status and imposed a civil penalty.	Probation 12/1/05 to 12/1/06

Probation List cont. to page 18

• PAGE 18 • MISSOURI STATE BOARD OF NURSING

February, March, April 2006

Probation List cont.	from page 17		
Name	License Number	Violation	Effective Date of Probation
Jeanette D. Johnson Ballwin, MO	RN108780	Section 335.066.2(1), (5), (12) and (14), RSMo 2000 In March or April 2003, while performing a home health care visit, Licensee accepted four Tylenol #3 pills from a patient. On 4/7/03, Licensee submitted to a drug screen which tested positive for the presence of opiates, specifically Morphine. On 5/4/03, Licensee self-reported to the Board that she had relapsed and was abusing Vicodin.	Probation 11/1/05 to 11/1/07
Jeanne L. Jones Holts Summit, MO	PN058028	Section 335.066.2(1) and (14), RSMo 2000 On 10/11/04, Licensee smoked marijuana at her work place premises. On 10/20/04, Licensee was asked to submit to a drug screen which tested positive for the presence of marijuana.	Probation 9/14/05 to 9/14/06
Jason Scott Kelly Neosho, MO	RN2001027066	Section 335.066.2(1), (5), (12), and (14) RSMo2000 On 12/03, Licensee diverted Morphine and Demerol for his own personal use. In particular, during his shift, Licensee would document part of the administration of Morphine or Demerol to a patient, and then take all or part of the dose himself.	Probation 10/26/05 to 10/26/10
Nancy J. Ricketts Blue Springs, MO	RN152461	Section 335.066.2(5) and (12), RSMo2000 On 4/1/04, Licensee was asked by another nurse to administer Inapsine to a patient. Licensee administered the Inapsine and also administered Demerol to the patient even though the Licensee was not instructed to administer Demerol. On March 11, 13, and 14, 2004, Licensee failed to chart on the MAR 21 doses of Demerol and Morphine which she had removed from the Pyxis. On 4/9/04, Licensee left an unlabeled syringe of Morphine in an unlocked nurse server. On 5/10/04, at another facility, Licensee withdrew three 10mg. syringes of Morphine from the Pyxis, administered 4mg and charted as wasting the remaining 6mg; 4mg syringes were available. On 8/26/04, Licensee withdrew a 50mg syringe of Demerol and charted wasting it with a note that it was too soon to administer. Five minutes after this, Licensee withdrew a 100mg syringe of Demerol and documented administering 25mg and wasting 75mg, 25mg syringes of Demerol were available. Later on 8/26/04, on three occasions, Licensee withdrew 100mg syringes of Demerol for a patient, administered 75 mg and charted wasting the remaining 25mg when 75mg syringes were available.	Probation 9/10/05 to 9/10/08
Cindy A. Ross Center, MO	PN057115	Section 335.066.2(5), RSMo2000 On 7/03 to 8/11/03, Licensee was assigned the care of a long time resident of the nursing facility. During this period, Licensee established a close relationship with the resident. On 8/11/03, resident left the nursing facility and returned home against Doctor's advice. Licensee visited the former resident at his home on numerous occasions, and attempted to continue to be the former resident's caregiver, when in fact she was not the former resident's caregiver after he left the nursing facility.	Probation 9/14/05 to 9/14/07
James M. Steele St. Joseph, MO	RN144886	Section 335.066.2(2), RSMo2000 On 8/20/2003, License pled guilty to involuntary manslaughter.	Probation 12/1/05 to 12/1/08
Evelyn Taylor East St. Louis, IL	PN051579	Section 335.066.2(4), (5), and (12), RSMo 2000 Licensee was absent and did not provide services on the following dates: July 12-16, 19, and 20, 2004. Licensee forged the patient's mother's name on falsified time sheets for the dates listed above and submitted the time sheets for payment. Patient's mother never gave permission to Licensee to sign any documents. Licensee falsified a total of 67 hours and received compensation for said hours.	Probation 11/1/05 to 11/1/07

Probation List cont. to page 19

License Number

Effective Date of

Probation List cont. from page 18

Name

SUSPENSION/PROBATION LIST

Violation

			Probation
Kimberly L. Hale Warrensburg, MO	RN139683	personal consumption. Licensee consumed the Lortab while on duty. On 3/2/04, Licensee submitted to a urine drug screen which tested	Suspension 11/11/05 to 11/11/06 Probation 11/12/06 to 11/12/10

REVOCATION LIST

Name	License Number	Violation	Effective Date of Revocation
Sharon Glass Springvale, ME	PN20000169787	Section 620.153, RSMo 2000 Licensee violated the terms of the disciplinary agreement by not attending the required meetings and by not submitting the required documentation.	Revoked 12/1/05
Robin Lorraine Hyrne Lees Summit, MO	PN026096	Section 620.153, RSMo 2000 Licensee violated the terms of the disciplinary agreement by not attending the required meetings and by not submitting the required documentation.	Revoked 12/1/05
Mary B. Mackey Overland Park, KS	RN127998	Section 620.153, RSMo 2000 On 2/6/02, Licensee misappropriated Morphine for her personal use. Licensee had no prescription for Morphine.	Revoked 12/1/05
Julia D. Martineau Fulton, MO	PN044743	Section 620.153, RSMo 2000 Licensee frequently used profane language in front of residents and verbally abused residents by making inappropriate comments to them. On 5/26/04, Licensee, aware of the correct dosage for Roxanol prescribed for an elderly female resident with terminal cancer, knowingly administered excess amounts of Roxanol to the resident. The resident expired on 5/26/05.	Revoked 10/7/05
Meredith A. Loy Emporia, KS	RN 121027	Section 620.153, RSMo 2000 Licensee violated the terms of the disciplinary agreement by not submitting the required documentation.	Revoked 12/1/05
Jerry Don Raymond Springfield, MO	PN2001002483	Section 620.153, RSMo 2000 On 2/27/02, in the Parish of Ouachita, Louisiana, Licensee entered a plea of guilty to the charge of simple battery and was found guilty. Licensee had a Louisiana LPN license that expired on 1/31/03. The Louisiana State Board of Practical Nurse Examiners ("Louisiana Board") indefinitely suspended the Licensee's Louisiana license for "cursing, stealing medications from, beating and sleeping while assigned to the care of, residents of a nursing home".	Revoked 12/1/05
Helen D. Ross St. Louis, MO	RN148779	Section 620.153, RSMo 2000 Licensee violated the terms of the disciplinary agreement by not attending the required meetings, by not submitting the required documentation and consuming alcohol.	Revoked 12/1/05
Joyce F. Weakley Oran, MO	PN042956	Section 620.153, RSMo 2000 On 6/14/01, Licensee submitted to a urine drug screen which was positive for methamphetamine.	Revoked 12/1/05

Probation List cont. to page 20

Probation List cont. from page 19

VOLUNTARY SURRENDER

Name	License Number	Violation	Effective Date of Volunteer Surrender
Trudy G. Allgeyer St. Joseph, MO	PN051024	Section 335.066(2),(5) and (12), RSMo 2000 On 2/22/02, Licensee left medications unattended and unlocked, deactivated the alarm on the exit door, and left the door unlocked. On 2/26/02, Licensee did puzzles instead of answering resident's call lights. On 3/1/02, Licensee gave two residents who were "NPO" (not to receive anything by mouth) oral liquids and falsely documenting output on two residents. On 4/12/02, Licensee delayed the assessment and treatment of a resident who had fallen and suffered a wound on the forehead, failed to clean the resident's wound prior to applying the dressing, failed to record the physician's order, and behaved erratically. Licensee also cut a resident's feeding tube while the tube was still in place in the resident and told staff she did that because the tube was clogged with water. On 5/21/02, Licensee filled a 60 cc syringe with water, placing it in a resident's mouth, and administering the water. The resident, subsequently, was admitted to the hospital with congestion in the lung. On 10/19/2002, Licensee failed to report a resident on her unit eloped from the facility and Licensee did not assist in the search for the missing resident. Licensee was found asleep at her desk. On the same shift, Licensee's residents were found lying on pads soaked with urine and brown urine rings, indicating the residents had been left wet for a long period of time.	9/2/2005
Gregory F. Mitchell Columbia, MO	PN051729	Section 335.066.2(5) and (12), RSMo 2000 On 1/28/04, Licensee either gave a patient an excess dose of Ambien or one-half of the 10 mg tablet was unaccounted for. On 2/7/04, Licensee gave a patient an excess dose of Chloral Hydrate or 1 container of Chloral Hydrate was unaccounted for. On 2/20/04, Licensee recorded conflicting information on a patients MAR and narcotic sheet regarding the administration of Percocet. On 3/4/04, Licensee documented administering antiseizure medication to a patient, but did not actually do so, the patient suffered a seizure. On 3/12/04, Licensee documented administering Percocet to a patient but did not actually do so. On 3/14/04, Licensee documented administering Ativan and Risperdal to a patient, but did not actually do so.	10/19/05

Did you know you are required to notify the Board if you change your name or address?

Missouri Code of State Regulation [(4 CSR 200-4.020 (15)(b) (1)] says in part "If a change of name has occurred since the issuance of the current license, the licensee must notify the board of the name change in writing . . . " and (2) If a change of address has occurred since the issuance of the current license, the licensee must notify the board of the address change....

Note: change of address forms submitted to the post office will not ensure a change of address with the Board

office. Please notify the board office directly of any changes.

Type or print your change information on the form below and submit to the Board Office by fax or mail. Name and/or address changes require a written, signed submission. Please submit your change(s) by:

• Fax: 573-751-6745 or 573-751-0075 or • Mail: Missouri State Board of Nursing, P O Box 656, Jefferson City MO 65102

Please complete all fields to ensure proper identification.				
□ RN □ LPN				
Missouri License Number				
Date of Birth				
Social Security Number				
Daytime Phone Number				
OLD INFORMATION (please print):				
First Name	Last Name			
Address				
City	State	Zip Code		
NEW INFORMATION (please print)				
First Name	Last Name			
Address (if your address is a PO Box , you must also	provide a street address):			
City	State	Zip Code		
Signature (required)				
Date				

Duplicate license instructions:

It is not mandatory that you obtain a duplicate license. You may practice nursing in Missouri as long as your Missouri nursing license is current and valid. If you wish to request a duplicate license reflecting your new name, you must return ALL current evidence of licensure and the required fee of \$15.00 for processing a duplicate license.

Return this completed form to: Missouri State Board of Nursing, P O Box 656, Jefferson City, MO 65102

Is Your License Lost or Has It Been Stolen?

If you would like to obtain a duplicate license because your license has been lost or stolen. Please contact our office and request an Affidavit for Duplicate License form or you may obtain it from the Licensure Information & Forms tab on our website at http://pr.mo.gov/nursing.asp